

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: May I very respectfully suggest to you that your AMERICAN JOURNAL OF NURSING contribute more information on the subject of disease (old and new) and its treatment (past and present) instead of giving the movements of nurses and their opinions on unimportant subjects.

The personal element that enters so strongly into the magazine is a marked example of the trouble under discussion at present of why the doctors prefer the services of the trained attendant to those of the trained nurse. The egotism of the trained nurse has become a byword. People bristle at her name and shudder at her approach. I will quote one or two passages from a review in the June number of the *British Medical Journal* of Dr. Osler's book of addresses to medical students and nurses: "Professor Osler gives proof of his courage by venturing to give advice to the trained nurse. Setting out with the question: 'Is she an added blessing or an added horror in our beginning civilization?' he replies that she 'is a blessing, with, of course, certain limitations.' One of these is what Sir Thomas Browne calls 'the virtue of taciturnity.' In another direction the limitations of the nurse are more serious: 'With the fullest kind of training,' Dr. Osler says to nurses, 'you cannot escape from the perils of half-knowledge, of pseudo-science—that most fatal and common of all mental states.'"

Is it not a pity that we lay ourselves open to criticism of this sort? Many of us think so. And all this hysteria over State registration has certainly not helped us. I wonder what Florence Nightingale would have thought of it all? What does nursing imply—trained or untrained? Complete self-effacement, obedience to orders, gentleness and unselfishness. Through the kindness of a doctor I have the privilege of seeing most of the medical journals. They deal altogether with diseases and their treatment; with the newest scientific discoveries, both surgical and medical; with special cases of deep interest. You cannot look over one for five minutes without learning something. What do we learn from our nursing journals? Nothing, practically. What we want is a journal of *practical* nursing, the contributions to be from nurses attending cases of interest to us all, with notes on the treatment and

results. Notes and contributions from the different training-schools on their *work* and methods would be of great value to us. At present the JOURNAL is merely a medium for argument and self-glorification! Surely many of us must encounter the unusual in the variety of cases we attend, from which we could all learn something!

TRAINED NURSE.

[This "Trained Nurse" represents exactly our ideal of the "type" of woman in nursing who makes people "bristle" and "shudder." She has had that effect upon us. She doubtless commands twenty-five dollars per week for her services and can follow blindly the doctor's orders in the care of a "case," but she is strangely ignorant of the influences that are giving to her work the character of a profession, and when she presumes to sit in judgment upon the great nursing body in the matter of State registration she displays a degree of "egotism" to which we are quite unaccustomed. She has failed to reply to our letter asking the name of the school from which she graduated, which leads us to suspect that she may not have a diploma, but we recognize her letter because she represents a "type" fast becoming extinct, we are thankful to say, but which will have to be reckoned with until the kindly hand of time and improved standards of education has effaced it.

We think this "Trained Nurse" has a wrong conception of what a nursing journal should be. She seems to think that such journals, when owned, edited, and managed by nurses, should contain medical articles written by nurses. Such contributions written by nurses are rarely given space in a good nursing journal, nor are nursing papers written by doctors often published in such journals. Disease and its treatment is a purely medical subject, and such information should be obtained from medical magazines. The nursing of disease is a nursing subject, and can be best described by nurses who are actually engaged in the practical work. We are fully aware that this JOURNAL lacks in some degree papers written by nurses in practical work. We have been for five years endeavoring to stimulate nurses to express themselves through our pages, that all may profit by the experience of the individual, but we have come to realize that such expression is the result of professional growth, and that development is, and perhaps must be, slow along these lines. We are inclined to believe that when nurses have conducted their own professional magazines for as many years as the medical profession has been doing that they will express themselves quite as well, and then it may be fairly just to compare the magazines of the two professions.

However, we do not recognize this "Trained Nurse" as a regular contributor to this or any other nursing magazine. We really would like to know what she has ever done for her profession that gives her the right of criticism. Our pages are open to her and stand waiting to "learn something" from her experience.—ED.]

DEAR EDITOR: I find many things of much help and interest to the active, busy nurse in the JOURNAL, but so far no one seems to have planned for the time when we, like the rest of the human world, will be old and helpless, a stage we of all people reach rather early along life's short journey, as our work is of a kind that taxes body and soul.

The question, and rather a large one it seems to me, is, what is to become of the old, helpless body of nurses? Go home to families or friends that have had but little or none of the life we have devoted to work, but not to them, for the average nurse's family needs must get someone else to care for them when sick? A nurse's life or time is never her own; when young and able to work, all well and good; but as a rule she is not a good financier, therefore her bank account rarely reaches the fifth figure. When she grows old and helpless she has always been so independent that when the time comes that she is dependent she must feel it very keenly, so in the face of these facts why not have a home to go to that she has helped to build for herself in the years of her busy young life?

It seems that this ought to be an easy matter. We surely have nurses enough in the States to club together and furnish homes for our old age. I am certain this can be accomplished.

Perhaps there have not been enough old nurses in the rank and file as yet to feel the need of this, but the time must come when the need will force itself home to us. It was brought home to me rather vividly here last June in the sudden death of an American nurse who had been here some time. A doctor in speaking to me of the case said, "Well, poor Miss B. is gone, and under the circumstances I deem it fortunate for her. Here she was, a woman forty-seven years old and only seven pounds (about thirty-five dollars) in the bank, not enough to even bury her, and she has been busy here for twelve years. What would have become of her had she lived past the time when she could have worked? and she was rapidly nearing that point." What, indeed? and what is to become of many of us, unless we furnish a retreat somewhere for our old age? Can't some of my sister nurses who know much more about this sort of thing than I do help out with some of their good, common-sense views on the subject. We seem to be about the only body of people who have not looked ahead in this way. The churches have homes for those who work for them, Uncle Sam takes care of his old and helpless, and even the theatre folk have thought of the fact that there comes a time when they must retire, so surely we who pride ourselves on our up-to-dateness ought not to be outdone in this.

Possibly this ground has all been gone over before. If so, I can only excuse myself on the ground that I have never seen it mentioned, but as I have only taken the *JOURNAL* this year, that may account for my lack of knowledge. If it has not already been gone over I hope to see something in the *JOURNAL* about it.

By the way, I wonder if any number of it goes farther from home than my own? It comes here to me and I send it to a nurse in Finland,

who has charge of a general hospital there of a hundred beds. The JOURNAL is the only English print she ever sees there. She has charge of the hospital from which she graduated some years ago.

Dear Editor, I beg your pardon for sending so long and I fear stupid letter to you, but I feel the cause is a just one, and while the dear JOURNAL is so busy with all that pertains to our welfare, I trust it can spare a little space for this idea of a nurses' retreat in the not far future.

I have followed you all so closely these last three months. What a busy time, as well as pleasant one, you are all having. I am exiled out here in mid-ocean, away from you all, and I miss you so much, with no other American nurse here. I have been here since January, 1904, and do not know when I shall get back to God's own dear country. Have been on one case fifteen months.

Wishing the JOURNAL all sorts of good fortune in its helpful mission through the world, very sincerely yours,

(MRS.) KATHARINE L. WARD.

BERMUDA, September 3, 1905.

[Mrs. Ward's letter is in pleasant contrast to that of the "A Trained Nurse," and she introduces a subject that needs the serious consideration of all nurses. There is no question but that many nurses are bad business managers. They earn their money easily and spend it freely for themselves and others, seemingly giving little thought to the future. Isn't it time, as Mrs. Ward suggests, that some plan for those helpless in old age be considered?—Ed.]

DEAR EDITOR: I have been wondering how many nurses know of the "Housatonic Home," Shelton, Conn., and, knowing of it, would be willing to band together and provide the money to prevent its being sold next fall (three thousand five hundred dollars is the sum required).

"The Home" is an old farmhouse, the main part about one hundred and seventy-five years old. There are nineteen rooms in it, and the sitting-room has an immense old fireplace (which makes it very attractive, especially on cool mornings and evenings when there is a fire in it).

There are thirty-five acres of land belonging to it. It is situated in a very picturesque part of Connecticut, about two miles from Shelton, nine from New Haven, and twelve from Bridgeport. It is easy to reach from New York, and during the summer months the sail from there to Bridgeport is delightful. The trolley-ride from Bridgeport to the home along the banks of the Housatonic River is delightful indeed. There is a walk of about five minutes from the trolley to the house.

Four years ago this home and the land surrounding (thirty-five acres) were given to the New York Branch of the Guild of St. Barnabas.

Since then it has proved a great boon to those who have cared to spend their vacations there; especially has it been of great benefit to pupil nurses and to those who hold institution positions, as the cost of reaching it from New York is small, and it is an ideal resting-place.

Although the matron (a graduate nurse) has done everything in her power to make it agreeable and attractive to those staying there, and has often done all the work totally without help (through lack of funds), she has only been able to pay running expenses and keep it out of debt.

With two or three exceptions the members of the guild, to whom the home belongs, take no interest in it and have decided to sell it this coming fall.

The house needs repairing badly and the land needs fertilizing.

It seems to me (and I have spent many weeks there at different times) that if every nurse (in this part of the country at least) would subscribe a small sum they might buy it, and by pledging a small amount annually and keeping their pledge they could own and keep in repair a valuable piece of property where members of the profession could rest when nervous and tired, and also that in time there would be some income from it.

ANNIE REA,

Graduate of the Liverpool Nurses' Training-School, Liverpool, England
(Hospital), Liverpool Royal Infirmary.

[This letter, coming at a time when the question of a home for aged nurses has been raised, makes it seem an easy matter for the guild nurses to hold this property if they so desire, if for no other purpose than to provide a refuge for members who may reach old age without means of support. Here is an opportunity to exercise good business management. Secure the property and put it on a paying basis, at least for a time.—ED.]

DEAR EDITOR: In the July number there was a letter the trend of which was the disloyalty of the nurses to the physicians and the failure of the trained nurses to guard family secrets which come to their knowledge. This knowledge comes to them not because of curiosity, but many times because the patient or patient's relatives tell them, and unlock the door of the closet, exposing to view the hideous skeleton. Then the nurse (it is a rare exception that she does not) turns the key and never discloses what she has seen or heard. Many times the patient has carried a heavy burden. For years the heart has ached and the longing for a sympathizing listener who would hold the confidence as sacred as a priest would a confession has been great, and when the trained nurse comes to the home to minister to her suffering, that patient looks into her face, and in that face she reads, "Yes, I can trust her," and so

the whole life is laid bare, and the sin, the sorrow, the struggles, the victories, the defeats, we know them all. And again I say, it is a rare exception that these confidences are betrayed. We guard them as we would guard our own.

And in regard to our loyalty to the doctor: As a class we are loyal to the physician from the beginning to the end. I have listened to many addresses on the subject of the duties of the nurse to the physician, and that the nurse should be absolutely loyal to the doctor was emphasized again and again. It has been hammered into us until there is no possibility of our forgetting our duty in that respect. I think I would enjoy reading an article or listening to a speech the subject of which would be the loyalty of the physician to the nurse. There is too much said and written on one side and too little on the other.

The writer of the article to which I refer also spoke of the large number of inferior women in our ranks. Not only myself, but many others, resent this imputation. That there are a number of inferior women in our ranks cannot be denied, but when we think of the large number of nurses, those who are not a credit to their profession are very few—as few if not fewer than in any other body of workingwomen. And in no other profession do we find women of more beautiful characters than in our own ranks. We are too prone to think because another person's nature does not chime with ours that they are inferior, when it is only a question of incompatibility and not of inferiority. I am proud of my profession, and proud to be one of a large number whose work is the alleviating of suffering. Sincerely yours,

HARRIET E. SIGSBEE,
Salida, Col.

[We are quite of the opinion that if all nurses were to tell all they know about all doctors and all patients there would be strange happenings in many places. We agree with the writer that it is the few among nurses who are disloyal to their trusts, not the many.—Ed.]

[LETTERS to the editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]



BROMIDES IN EPILEPSY.—Dr. Frederick Peterson in *American Medicine* asserts his belief that a great many more epileptics have been injured than have been benefited by bromides. A regulated diet and outdoor exercise will improve one-half of all cases. About ten per cent. can be cured by proper treatment. If the bromides are used, small doses should be given.